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CONFIRMATION NO. 3127

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/517,639	<b>FILING OR 371(c) DATE</b> 06/28/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 50164/015002
<b>APPLICANTS</b> Jason Fong, Philadelphia, PA; Edward Roydon Jost-Price, Roxbury, MA; Curtis Keith, Boston, MA; Palaniyandi Manivasakam, West Roxbury, MA; Grant R. Zimmermann, Somerville, MA; Robyn Sackeyfio, Ann Arbor, MI; Grant R. Zimmermann, Somerville, MA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/17586 06/05/2003 which claims benefit of 60/387,528 06/10/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 20
<b>ADDRESS</b> 21559		<b>INDEPENDENT CLAIMS</b> 4		
<b>TITLE</b> Combinations for the treatment of rheumatoid arthritis				
<b>FILING FEE RECEIVED</b> 465	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	